APPLICATION FOR APPEAL OR VARIANCE
MONTVILLE ZONING BOARD OF APPEALS

Name of Owner(s): Integrity Properties Group Application No. _____

Name of Applicant(s): same Date Submitted: 9-19-2022

Mailing Address: 7 Vincent Court, Clinton, CT 06413

Phone Number: 860-638-8329 Business: same Zone: _____

Street Address of Property: 19 Moxley Rd

Assessor's Map No. 069 -032 Lot No 001 Email Address: mcallinan4@gmail.com

Is Property in question within 500 feet of the Town Line? Yes ☐ No ☒

Please List The **Names And Addresses** of the Adjacent, Abutting, etc. Property Owners below (attach an additional sheet if needed):
Catherine Grohocki, c/o Catherine Keeney, 35 Moxley Rd, Uncasville, CT 06382
CT State Dept of Transportation, 25 Wolcott Hill Rd, Wethersfield, CT 06109
Catherine Grohocki + Harold Keeney, 31 Moxley Rd, Uncasville, CT 06382
Kimberly Scott, 23 Moxley Rd, Uncasville CT 06382
April + Michael Murillo, 1 Moxley Rd, Uncasville CT 06382
Woyasz Properties LLC, 11 Jerome Rd, Uncasville, CT 06382

The Applicant's **Reason** for Submitting This Application (Check One):

_____ (1) There is an Error in an Order, Requirement, or Decision made by the Zoning Enforcement Officer.

X (2) The Applicant seeks a Variance in the Application of the Zoning Regulations.

_____ (3) Other. Describe: _____

The **Decision** which is being Appealed, or the Section(s) of the **Zoning Regulations** from which a Variance is Requested:
20.4-1 exceptional difficulty... that would deprive the owner of reasonable use of land

The Applicant **Requests** the Board to take the following action:
Please approve the set back variance for the above-referenced property

The Nature of the Unusual Hardship or Exceptional Difficulty existing with regard to the property is: The existing condition (namely extensive amounts of ledge, several large boulders, and the steep grade of the lot) lead to an over correction on the placement of the building on the lot - 8 inches over rear setback

Has any previous Appeal been filed in connection with these premises? NO If so, when? _____

If the Applicant has Designated an Agent:

Name of Agent: _____ Relationship: _____

Address: _____ Phone No.: _____

I Certify that the information contained in this Application is true and correct and hereby authorize the Montville Zoning Board of Appeals and/or Zoning Enforcement Officer to enter upon the property in question for the purpose of inspecting the conditions described in this Application.

Date 9.19.2022 Applicant(s) [signature]

This Space Reserved For the Board

Date Officially Received _____ **Date of Public Hearing** _____

Action by Board _____ **Date** _____

RECEIVED
SEP 20 2022
By Revised application

H:\REGULATIONS\Site Development Guidelines - Checklists\Current\13 SITE DEVELOPMENT GUIDELINES AND APPLICATIONS REV 8182017 MMG.doc

22ZBA 3